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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF PENNSYLVANIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | David First name Eric Middle name Glaser Last name and Suffix (Sr., Jr., II, III) | Lynn First name Elizabeth Middle name Glaser Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | David E. Glaser David Glaser | Lynn E. Glaser Lynn Glaser Lynn Elizabeth Kunsman Lynn E. Kunsman Lynn Kunsman Lynn Kunsman Lynn Best |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7310 | xxx-xx-0616 |

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Debtor 1 David Eric Glaser
Debtor 2 Lynn Elizabeth Glaser

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 7495 Camp Meeting Rd. | If Debtor 2 lives at a different address: | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Lehigh | | | | |
| | County | | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| Deb | otor 2 Lynn Elizabeth Gla | aser | | | Case number (if known) | |
|-----|---|--|---------------------------------------|---|---|---------------|
| | | | | | | |
| Par | t 2: Tell the Court About | Your Bankruptc | y Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | n of each, see <i>Notice Required by</i> of page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Ba | ankruptcy |
| | choosing to file under | ☐ Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ■ Chapter 13 | | | | |
| 8. | How you will pay the fee | about ho order. If y | w you may pay. Ty | pically, if you are paying the fee yo | k with the clerk's office in your local court for burself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card c | ck, or money |
| | | ☐ I need to | pay the fee in ins | stallments. If you choose this option (Official Form 103A) | on, sign and attach the Application for Individu | uals to Pay |
| | | The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a but is not required to, waive your fee, and may do so only if your income is less than 150% of the official po applies to your family size and you are unable to pay the fee in installments). If you choose this option, you | | | | |
| | | | | | n installments). If you choose this option, you cial Form 103B) and file it with your petition. | must fill out |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | Dist | rict | When | Case number | |
| | | Dist | rict | When | Case number | |
| | | Dist | rict | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Deb | tor | | Relationship to you | |
| | | Dist | rict | When | Case number, if known | |
| | | Deb | | | Relationship to you | |
| | | Dist | rict | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. Go | to line 12. | | | |
| | | ☐ Yes. Ha | s your landlord obt | tained an eviction judgment agains | st you and do you want to stay in your residen | .ce? |
| | | | No. Go to line | 2 12. | | |
| | | | Yes. Fill out <i>Ir</i> bankruptcy pe | | Judgment Against You (Form 101A) and file it | t with this |
| | | | | | | |

Debtor 1 David Eric Glaser

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Debtor 1 David Eric Glaser

| Deb | tor 2 Lynn Elizabeth GI | aser | | | Case number (if known) |
|------|---|--------------------|----------------|---|---|
| | | | | | |
| Part | Report About Any Bu | ısinesses | You Owr | n as a Sole Propriet | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | e and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, Stat | te & ZIP Code |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | s. If you ir | ndicate that you are low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am ı | not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am t Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am i | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| D | Daniel W.V. and O. and and | | | D | Province That Novel Income Park Attaches |
| Pari | <u> </u> | | / Hazardo | ous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ■ No. | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is , why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | |
| | 0 · · · · · · · · · · · · · · · · · · · | | | | Number, Street, City, State & Zip Code |
| | | | | | |

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| Debtor 1 | David Eric Glaser | | |
|----------|-----------------------|------------------------|--|
| Debtor 2 | Lynn Elizabeth Glaser | Case number (if known) | |

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-16213-jkf Doc 1 Filed 09/12/17 Entered 09/12/17 13:56:46 Desc Main Document Page 6 of 58

| | otor 1 otor 2 | David Eric Glaser Lynn Elizabeth Gl | aser | | | Case nu | umber (if known) | | |
|---|--|--|---------------------------|--|--|------------------------------|----------------------------|--|--|
| Par | t 6: A | Answer These Questi | ons for Rep | orting Purposes | | | | | |
| 16. | What you h | kind of debts do ave? | | re your debts primarily consultational primarily for a personal, | | | e defined in 11 | U.S.C. § 101(8) as "incurred by an | |
| | | | | □ No. Go to line 16b. | | | | | |
| | | | | Yes. Go to line 17. | | | | | |
| | | | | are your debts primarily busine noney for a business or investme | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | |
| | | | | Yes. Go to line 17. | | | | | |
| | | | 16c. S | tate the type of debts you owe th | nat are not consumer | debts or bu | siness debts | | |
| 17. | | ou filing under ter 7? | ■ No. | am not filing under Chapter 7. G | o to line 18. | | | | |
| | after | ou estimate that any exempt erty is excluded and | | am filing under Chapter 7. Do yo re paid that funds will be availab | | | | cluded and administrative expenses | |
| | administrative expenses are paid that funds will | | □No | | | | | | |
| be available for distribution to unsecured creditors? | | Г |] Yes | | | | | | |
| 18. | | many Creditors do | 1 -49 | | □ 1,000-5,000 | | | 25,001-50,000 | |
| | | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | | 50,001-100,000 | |
| | | | □ 100-199 □ 200-999 | | □ 10,001-25,000 | | Ш | More than100,000 | |
| 19. | How | much do you | □ \$0 - \$50 | .000 | □ \$1,000,001 - \$1 | 0 million | | \$500,000,001 - \$1 billion | |
| | | estimate your assets to be worth? | □ \$50,001 | • | □ \$10,000,001 - \$ | 50 million | | \$1,000,000,001 - \$10 billion | |
| | | | \$100,001 - \$500,000 | | □ \$50,000,001 - \$ □ \$100,000,001 - | | | \$10,000,000,001 - \$50 billion More than \$50 billion | |
| | | | □ \$500,001 - \$1 million | | — \$100,000,001 - | \$300 Hillion | · | wore than \$50 billion | |
| 20. | | much do you | □ \$0 - \$50 | t e e e e e e e e e e e e e e e e e e e | □ \$1,000,001 - \$1 | | | \$500,000,001 - \$1 billion | |
| | to be | ate your liabilities ? | | - \$100,000 | □ \$10,000,001 - \$ □ \$50,000,001 - \$ | | | \$1,000,000,001 - \$10 billion | |
| | | | | φ.σο,σο. φοσο,σοο | | 100 million \$500 millior | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| | | | — \$500,00 | 1 - \$1 mmon | | | | | |
| Part | t 7: S | Sign Below | | | | | | | |
| For | you | | I have exan | nined this petition, and I declare | under penalty of perju | ury that the i | information pro | ovided is true and correct. | |
| | | | | osen to file under Chapter 7, I an es Code. I understand the relief a | | | | | |
| | | | | ey represents me and I did not pa I have obtained and read the not | | | | ney to help me fill out this | |
| | | | I request re | lief in accordance with the chapt | er of title 11, United S | States Code | , specified in th | nis petition. | |
| | | | bankruptcy and 3571. | · | 50,000, or imprisonme | ent for up to | 20 years, or b | ooth. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | | /s/ David | Eric Glaser c Glaser | | | zabeth Glase eth Glaser | er | |
| | | | Signature o | | | gnature of D | | | |
| | | | Executed o | September 12, 2017 MM / DD / YYYY | Ex | ecuted on | September MM / DD / YY | | |

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| Debtor 2 | Lynn Elizabeth G | aser | Cas | se number (if known) |
|----------|--|---|-----------------------------|---|
| | | | | |
| | attorney, if you are ed by one | under Chapter 7, 11, 12, or 13 of title 11, United | d States Code, and have | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| • | not represented by ey, you do not need a page. | and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect. | certify that I have no know | vledge after an inquiry that the information in the |
| | | /s/ Thomas L. Lightner, Esquire | Date | September 12, 2017 |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | Thomas L. Lightner, Esquire | | |
| | | Printed name | | |
| | | Lightner Law Offices, PC | | |
| | | | | |
| | | 4652 Hamilton Boulevard | | |
| | | Allentown, PA 18103 Number, Street, City, State & ZIP Code | | |
| | | Number, Street, Oity, State & Zii Gode | | |
| | | Contact phone 610-530-9300 | Email address | tlightner@lightnerlaw.com |
| | | 65841 | | |
| | | Bar number & State | | |

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| Fill in this information to identify your case: | | | | | |
|---|--------------------------|---------------------------------------|----------------|--|-----------------------|
| Debtor 1 | David Eric Glase | · · · · · · · · · · · · · · · · · · · | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 Lynn Elizabeth Glaser | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|-----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 143,780.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 12,616.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 156,396.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 171,873.24 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 15,267.65 |
| | Your total liabilities | \$ | 187,140.89 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,959.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,560.87 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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| Debtor 2 | Lynn Elizabeth Glaser | Case number (if known) | |
|----------|--|------------------------|--------------|
| | n the Statement of Your Current Monthly Income: Cop N-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L | | \$ 100.00 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 3,417.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 3,417.00 |

Debtor 1

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| | | Document | Page 10 of 58 | | |
|--|---|---|--|--|---|
| Fill in this information | n to identify your case and th | his filing: | | | |
| | avid Eric Glaser | | | | |
| | | le Name | Last Name | | |
| | ynn Elizabeth Glaser st Name Middle | le Name | Last Name | | |
| Jnited States Bankrupt | tcy Court for the: EASTERN | I DISTRICT OF PENN | NSYLVANIA | | |
| Case number | | | | | ☐ Check if this is a |
| | | | _ | | amended filing |
| ~ · · · - | 1001/5 | | | | |
| Official Form | | | | | |
| scheaule A | VB: Property | | | | 12/15 |
| | Residence, Building, Land, or Of | | | | |
| ☐ No. Go to Part 2. | | | | | |
| Yes. Where is the pr | roperty? | | | | |
| Yes. Where is the pr | | What is the propert | | | |
| Yes. Where is the pr | eting Road | Single-family Duplex or mu | | the amount of any se | red claims or exemptions. Put ecured claims on <i>Schedule D:</i> e Claims Secured by Property. |
| Yes. Where is the process of the pro | e ting Road able, or other description | Single-family Duplex or mu Condominium Manufactured | home ulti-unit building | the amount of any si Creditors Who Have | ecured claims on Schedule D: e Claims Secured by Property. |
| Yes. Where is the proof | eting Road | Single-family Duplex or mu Condominium | home ulti-unit building n or cooperative d or mobile home | the amount of any si Creditors Who Have | ecured claims on Schedule D: e Claims Secured by Property. Current value of the portion you own? |
| Yes. Where is the proof. 1 7495 Camp Med Street address, if available New Tripoli | eeting Road lble, or other description PA 18066-0000 | Single-family Duplex or mu Condominium Manufactured Land Investment pu Timeshare Other Who has an interes | whome ulti-unit building on or cooperative d or mobile home property st in the property? Check one | Current value of the entire property? \$143,780. Describe the nature (such as fee simple a life estate), if known as fee simple a life estate). | ecured claims on Schedule D: e Claims Secured by Property. e Current value of the portion you own? 00 \$143,780.0 e of your ownership interest e, tenancy by the entireties, of |
| T495 Camp Med Street address, if available City | eeting Road lble, or other description PA 18066-0000 | Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other Who has an interes Debtor 1 only | whome ulti-unit building on or cooperative d or mobile home property at in the property? Check one | Current value of the entire property? \$143,780. Describe the natur (such as fee simple | ecured claims on Schedule D: e Claims Secured by Property. e Current value of the portion you own? 00 \$143,780.0 e of your ownership interest e, tenancy by the entireties, of |
| Yes. Where is the proof. 1 7495 Camp Med Street address, if available New Tripoli | eeting Road lble, or other description PA 18066-0000 | Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other Who has an interes Debtor 1 only Debtor 2 only | whome ulti-unit building on or cooperative d or mobile home property st in the property? Check one | Current value of the entire property? \$143,780. Describe the nature (such as fee simple a life estate), if known fee simple | ecured claims on Schedule D: e Claims Secured by Property. e Current value of the portion you own? 00 \$143,780.0 e of your ownership interest e, tenancy by the entireties, cown. |
| T495 Camp Med Street address, if available City Lehigh | eeting Road lble, or other description PA 18066-0000 | Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other Who has an interes Debtor 1 only Debtor 1 and | whome ulti-unit building on or cooperative d or mobile home property at in the property? Check one | Current value of the entire property? \$143,780. Describe the nature (such as fee simple a life estate), if known fee simple | ecured claims on Schedule D: e Claims Secured by Property. e Current value of the portion you own? 00 \$143,780.0 e of your ownership interest e, tenancy by the entireties, of |
| Tyes. Where is the process of the pr | eeting Road lble, or other description PA 18066-0000 | Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other Who has an interes Debtor 1 only Debtor 2 only At least one of | whome alti-unit building on or cooperative d or mobile home property st in the property? Check one of Debtor 2 only of the debtors and another syou wish to add about this itel | Current value of the entire property? \$143,780. Describe the nature (such as fee simple a life estate), if known of the estate). Check if this is (see instructions) | ecured claims on Schedule D: e Claims Secured by Property. e Current value of the portion you own? 00 \$143,780.0 e of your ownership interest e, tenancy by the entireties, cown. |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| | tor 2 Lynn Eliz | abeth Glaser | Case number (if known) | | |
|--|--|--|---|--|---|
| 3. C | ars, vans, trucks, t | ractors, sport utility ve | hicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| | | | | 5 | 1 |
| 3.1 | | ac | Who has an interest in the property? Check one | the amount of any secur | claims or exemptions. Put red claims on Schedule D: |
| | Model: GTO | | Debtor 1 only | Creditors Who Have Cla | aims Secured by Property. |
| | Year: 1970 | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage Other information: | ge: 99,000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | arts, does not run | At least one of the debtors and another | | |
| | vernoie is in p | arto, doco not run | ☐ Check if this is community property (see instructions) | \$5,000.00 | \$5,000.00 |
| 3.2 | Make: Subar | TU | Who has an interest in the property? Check one | Do not deduct secured of | claims or exemptions. Put |
| 5.2 | Model: Forres | | Debtor 1 only | | red claims on Schedule D: aims Secured by Property. |
| | Year: 2003 | | Debtor 2 only | | , , , |
| | Approximate milea | ge: 58,000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | | ☐ At least one of the debtors and another | | . , |
| | KBB Value: \$2 | ,216.00 | ☐ Check if this is community property | \$2,216.00 | \$2,216.00 |
| | | | (see instructions) | | |
| | | | | | |
| • | | | rn for all of your entries from Part 2, including that number here | | \$7,216.00 |
| | ages you have att | ached for Part 2. Write | that number here | | \$7,216.00 |
| Part | ages you have att | ached for Part 2. Write ersonal and Household It | that number here | | Current value of the portion you own? Do not deduct secured |
| Part Do y | 3: Describe Your P you own or have a | ached for Part 2. Write ersonal and Household It ny legal or equitable in | ems terest in any of the following items? | | Current value of the portion you own? |
| Part Do y | 3: Describe Your Pour own or have a cousehold goods a cousehold go | ersonal and Household It ny legal or equitable in nd furnishings bliances, furniture, linens | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured |
| Part Do y | 3: Describe Your P you own or have a cusehold goods a fixamples: Major app | ersonal and Household It ny legal or equitable in nd furnishings oliances, furniture, linens Household goo living room furn | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limniture, bedroom furniture, tables, chairs, | > | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part Do y | 3: Describe Your P you own or have a cusehold goods a fixamples: Major app | ersonal and Household It ny legal or equitable in nd furnishings oliances, furniture, linens Household goo living room furn | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not lim | > | Current value of the portion you own? Do not deduct secured |
| Part Do y | 3: Describe Your P you own or have a cusehold goods a fixamples: Major app | ersonal and Household It ny legal or equitable in nd furnishings oliances, furniture, linens Household goo living room furn | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limniture, bedroom furniture, tables, chairs, | > | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. H-6 E C C C C C C C C C C C C C C C C C C | 3: Describe Your P you own or have a busehold goods a examples: Major app I No Yes. Describe ectronics examples: Television including | ersonal and Household It ny legal or equitable in nd furnishings oliances, furniture, linens Household goo living room furn appliances, line | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limiture, bedroom furniture, tables, chairs, ens, pots and pans eo, stereo, and digital equipment; computers, principles | ited to: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.00 |
| Part Do y | 3: Describe Your Prou own or have a cusehold goods a cxamples: Major apply 1 No 1 Yes. Describe | ersonal and Household It ny legal or equitable in nd furnishings bliances, furniture, linens Household goo living room furr appliances, line | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limiture, bedroom furniture, tables, chairs, ens, pots and pans eo, stereo, and digital equipment; computers, principles | ited to: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.00 |
| 7. El | ages you have attered ages you have attered ages ages ages ages ages ages ages ages | ersonal and Household It ny legal or equitable in nd furnishings bliances, furniture, linens Household goo living room furr appliances, line | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limiture, bedroom furniture, tables, chairs, ens, pots and pans eo, stereo, and digital equipment; computers, principles | ited to: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.00 |
| 7. E E | Describe Your Provided in Prov | ersonal and Household It in legal or equitable in and furnishings oliances, furniture, linens living room furn appliances, line appliances, line and radios; audio, vide cell phones, cameras, means and radios; audio, cameras, means and radios; audio, cameras, means and cell phones, came | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limiture, bedroom furniture, tables, chairs, ens, pots and pans eo, stereo, and digital equipment; computers, princedia players, games | ited to: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.00 |
| 7. El E | ages you have atta 3: Describe Your P you own or have a busehold goods a examples: Major app 1 No Yes. Describe ectronics examples: Television including No 1 Yes. Describe 1 No 1 Yes. Describe | ersonal and Household Itemy legal or equitable in and furnishings pliances, furniture, linens pliances, furniture, linens and radios; audio, vide cell phones, cameras, meand figurines; paintings, ections, memorabilia, co | ems terest in any of the following items? , china, kitchenware ds and furnishings including but not limiture, bedroom furniture, tables, chairs, ens, pots and pans eo, stereo, and digital equipment; computers, princedia players, games | ited to: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$2,500.00 |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor 1 Debtor 2 | David Eric Glaser Lynn Elizabeth Glase | r | Case number (if k | nown) |
|--|---|---|-----------------------------------|--|
| | | nics including but not limited to: com ons, and telephones | outer, printer, | \$1,000.00 |
| Examp | nent for sports and hobbies bles: Sports, photographic, ex musical instruments . Describe | s ercise, and other hobby equipment; bicycles, | pool tables, golf clubs, skis; ca | noes and kayaks; carpentry tools; |
| 10. Firear <i>Exam</i> □ No | rms | , ammunition, and related equipment | | |
| | Firearm | s | | \$200.00 |
| ☐ No | | leather coats, designer wear, shoes, accesso | ries | |
| | Clothing | | | \$100.00 |
| | Clothing |] | | \$100.00 |
| □ No | | ıme jewelry, engagement rings, wedding ring | s, heirloom jewelry, watches, g | ems, gold, silver |
| | Weddin | g band | | \$50.00 |
| | Weddin | g rings and costume jewelry | | \$250.00 |
| Exam ■ No | arm animals apples: Dogs, cats, birds, horse . Describe | es | | |
| ■ No | ther personal and househo | ld items you did not already list, including | any health aids you did not | list |
| | | ur entries from Part 3, including any entrie re | | \$4,200.00 |
| | escribe Your Financial Assets | uitable interact in any of the following? | | Current value of the |
| Do you o | wii oi ilave ally legal or eqt | itable interest in any of the following? | | portion you own? Do not deduct secured claims or exemptions. |
| 16 Cach | | | | |

16. **Cas**h

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

Official Form 106A/B Schedule A/B: Property page 3

Case 17-16213-jkf Doc 1 Filed 09/12/17 Entered 09/12/17 13:56:46 Page 13 of 58 Document **David Eric Glaser** Debtor 1 Debtor 2 Lynn Elizabeth Glaser Case number (if known) ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$1,000.00 **Checking Account People's First Federal Credit Union People's First Federal Credit Union** \$200.00 17 2 **Savings Account** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

Case 17-16213-jkf Doc 1 Filed 09/12/17 Entered 09/12/17 13:56:46 Desc Main Page 14 of 58 Document **David Eric Glaser** Debtor 1 Debtor 2 Lynn Elizabeth Glaser Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Nο ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,200.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

alt 3. Describe Any Business-Neialeu Froperty Fou Own of have an interest in. List any real estate in Fart

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

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| | Document | Page 15 01 | 58 | |
|--------------|--|--------------------------|--|-------------------|
| Debt Debt | | · · | Case number (if known) | |
| Debt | tor 2 Lynn Elizabeth Glaser | | Case Humber (if known) | |
| | _ | | | |
| Part (| 6: Describe Any Farm- and Commercial Fishing-Related Property Yol If you own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| | , | | | |
| _ | Do you own or have any legal or equitable interest in any farm — | - or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| I | Yes. Go to line 47. | | | |
| | | | | |
| Part 7 | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| 53. D | Oo you have other property of any kind you did not already lis | t? | | |
| I | Examples: Season tickets, country club membership | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| - 4 | Add the dellar value of all of commentation from Boot 7. Write the | h - (h h | | 40.00 |
| 54. | Add the dollar value of all of your entries from Part 7. Write the | nat number nere | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| Part | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$143,780.00 |
| 56. | Part 2: Total vehicles, line 5 | \$7,216.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$4,200.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,200.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$12,616.00 | Copy personal property total | \$12,616.00 |
| | , | <u> </u> | 1, | 4.2,010.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$156.396.00 |

Official Form 106A/B Schedule A/B: Property page 6

\$156,396.00

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|----------------|-----------------------|
| Debtor 1 | David Eric Glaser | r | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Lynn Elizabeth G | laser | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ١. | which set of exemptions are you claiming: Check one only, even if your spouse is filling with you. | | | | | |
|----|--|--------------------------------------|-------|---|------------------------------------|--|
| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U. | S.C. § 522(b)(3) | | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | 1970 Pontiac GTO 99,000 miles Vehicle is in parts, does not run | \$5,000.00 | | \$5,000.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 2003 Subaru Forrester 58,000 miles KBB Value: \$2,216.00 | \$2,216.00 | | \$2,216.00 | 11 U.S.C. § 522(d)(2) | |
| | Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Household goods and furnishings including but not limited to: living | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(3) | |
| | room furniture, bedroom furniture, tables, chairs, appliances, linens, pots and pans Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Electronics including but not limited to: computer, printer, televisions, | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | |
| | and telephones Line from Schedule A/B: 8.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Firearms | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

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David Eric Glaser

| De | ebtor 2 Lynn Elizabeth Glaser | | | Case number (if known) | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Clothing Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Elle Holli Genedale PVB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing Line from Schedule A/B: 11.2 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Line Holl Schedule AVB. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding band Line from Schedule A/B: 12.1 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(4) |
| | Line Hotti Scredule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding rings and costume jewelry Line from Schedule A/B: 12.2 | \$250.00 | | \$250.00 | 11 U.S.C. § 522(d)(4) |
| | Line from Scriedule A/B. 12.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking Account: People's First Federal Credit Union | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings Account: People's First Federal Credit Union | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | iled on or after the date of adjustmen | nt.) |
| | ■ No | | | | , |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | Π Yes | | | | |

Debtor 1

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| | | Document Page 10 | 3 01 30 | | |
|--------------------------------------|--------------------------------------|---|---|--|-----------------------------|
| Fill in this information | on to identify you | r case: | | | |
| Debtor 1 | David Eric Glase | er | | | |
| F | ïrst Name | Middle Name Last Name | | - | |
| | -ynn Elizabeth (irst Name | Glaser Middle Name Last Name | | | |
| (Spouse if, filing) F | iist Name | Middle Name Last Name | | | |
| United States Bankru | ptcy Court for the: | EASTERN DISTRICT OF PENNSYLVANIA | | _ | |
| Case number | | | | | if this is an led filing |
| Official Form 1 | 06D | | | | |
| | | Who Hove Claims Source | d by Droport | | 40/45 |
| Schedule D: | Creditors | Who Have Claims Secure | a by Propert | . <u>y</u> | 12/15 |
| is needed, copy the Add | | f two married people are filing together, both are e out, number the entries, and attach it to this form. (| | | |
| number (if known). | | | | | |
| 1. Do any creditors have | • | , , , , | | | |
| ☐ No. Check this | box and submit th | is form to the court with your other schedules. ` | You have nothing else | to report on this form. | |
| Yes. Fill in all | of the information b | pelow. | | | |
| Part 1: List All Se | cured Claims | | | | |
| | | nore than one secured claim, list the creditor separate | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2. As all order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 CIT Bank | | Describe the property that secures the claim: | \$165,078.00 | \$143,780.00 | \$21,298.00 |
| Creditor's Name | | 7495 Camp Meeting Road New Tripoli, PA 18066 Lehigh County Purchased 2001 for \$127,500 Appraisal Value: \$158,000 less cost | | | |
| | | of sale = \$143,780.00 As of the date you file, the claim is: Check all that | | | |
| PO Box 4045 | AL 40000 | apply. | | | |
| Kalamazoo, M | | Contingent | | | |
| Number, Street, City, | State & Zip Code | Unliquidated | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the de | ebtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim community debt | relates to a | Other (including a right to offset) Mortgage | | | |
| Date debt was incurred | 2001 | Last 4 digits of account number 9192 | | | |
| 2.2 Commonwea | lth of | | \$000.40 | 40.00 | 4000.40 |
| Pennsylvania | <u> </u> | Describe the property that secures the claim: | \$926.46 | \$0.00 | \$926.46 |
| Creditor's Name County of | | | | | |
| Lehigh/Crimi | nal Division | | | | |
| Lehigh Coun | ty | As of the date you file, the claim is: Check all that apply. | | | |
| Courthouse | • | ☐ Contingent | | | |
| 455 Hamilton Allentown, P | | - | | | |
| Number, Street, City, | | ☐ Unliquidated | | | |
| ,, 519, | , | ☐ Disputed | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor | - | Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the de | ebtors and another | ☐ Judgment lien from a lawsuit | | | |

Official Form 106D

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| Debtor 1 David Eric Glaser First Name Middle N | | Case number (if know) | | |
|--|---|-----------------------|-----------------------|------------|
| Debtor 2 Lynn Elizabeth Glaser | laine Last Name | | | |
| First Name Middle N | lame Last Name | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Criminal lie | en/Judgment | | |
| Date debt was incurred 2012 | Last 4 digits of account number 4274 | | | |
| | | | | |
| 2.3 Commonwealth of Pennsylvania | Describe the property that secures the claim: | \$1,267.20 | \$0.00 | \$1,267.20 |
| Creditor's Name County of Lehigh/Criminal Division Lehigh County Courthouse 455 Hamilton St. Allentown, PA 18101 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or sec | ured | | |
| ■ Debtor 1 only □ Debtor 2 only | car loan) | culeu | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Criminal lie | en/Judgment | | |
| Date debt was incurred 2012 | Last 4 digits of account number 2965 | | | |
| 2.4 Lehigh County Authority | Describe the property that secures the claim: | \$1,004.58 | \$143,780.00 | \$1,004.58 |
| Creditor's Name | 7495 Camp Meeting Road New Tripoli, PA 18066 Lehigh County Purchased 2001 for \$127,500 Appraisal Value: \$158,000 less cost | Ψ1,004.36 | \$143,760.00 <u> </u> | \$1,004.30 |
| P.O.Box 3348 Allentown, PA 18106-0348 | of sale = \$143,780.00 As of the date you file, the claim is: Check all that apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or sec | cured | | |
| ☐ Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 2014 | Last 4 digits of account number 1245 | | | |
| 2.5 SPS | Describe the property that secures the claim: | \$3,597.00 | \$143,780.00 | \$3,597.00 |
| PO Box 742536 Cincinnati, OH 45274 | 7495 Camp Meeting Road New Tripoli, PA 18066 Lehigh County Purchased 2001 for \$127,500 Appraisal Value: \$158,000 less cost of sale = \$143,780.00 As of the date you file, the claim is: Check all that apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 | David Eric Glaser | | Case number (if know) |
|-------------------------|--|--|---|
| | First Name Middle N | ame Last Name | |
| Debtor 2 | Lynn Elizabeth Glaser | | |
| | First Name Middle N | ame Last Name | |
| Who owe | s the debt? Check one. | Nature of lien. Check all that apply. | |
| ☐ Debtor ☐ Debtor | . , | ☐ An agreement you made (such as car loan) | mortgage or secured |
| Debtor | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) |
| ☐ At least | t one of the debtors and another | ☐ Judgment lien from a lawsuit | |
| | if this claim relates to a nunity debt | Other (including a right to offset) | Second Mortgage |
| Date debt | was incurred | Last 4 digits of account num | nber <u>9824</u> |
| If this is Write tha | the last page of your form, add at number here: | column A on this page. Write that nun the dollar value totals from all pages or a Debt That You Already Listed | \$171,873.24 |
| trying to c | collect from you for a debt you o | owe to someone else, list the creditor t you listed in Part 1, list the addition | a debt that you already listed in Part 1. For example, if a collection agency is in Part 1, and then list the collection agency here. Similarly, if you have more al creditors here. If you do not have additional persons to be notified for any |
| Ud Wo | me, Number, Street, City, State & Iren Law Offices P.C. codcrest Corporate Cent 1 Woodcrest Road, Sutie | er | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| | erry Hill, NJ 08003 | | |

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| | - | | Document | Page 21 | L of 58 | | |
|---|--|--|---|---------------------------------|------------------------------------|---|--|
| Fill in this | information to identify your | case: | | | | | |
| Debtor 1 | David Eric Glaser | , | | | | | |
| | First Name | Middle Na | ame | Last Name | | | |
| Debtor 2 | Lynn Elizabeth G | | | | | | |
| (Spouse if, filing | ng) First Name | Middle Na | ame | Last Name | | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN D | DISTRICT OF PEN | NSYLVANIA | | | |
| Case num | ber | | _ | | | | |
| (if known) | | | | | | _ | heck if this is an |
| | | | | | | a | mended filing |
| Official | Form 106E/F | | | | | | |
| | ule E/F: Creditors W | ho Have | Unsecured | Claims | | | 12/15 |
| Schedule Ga Schedule Da left. Attach t name and ca | ory contracts or unexpired leases: Executory Contracts and Unexp: Creditors Who Have Claims Secthe Continuation Page to this pagase number (if known). | ired Leases (Of ured by Proper je. If you have r | ficial Form 106G). D ty. If more space is i to information to rep | o not include needed, copy t | any creditors w the Part you ne | rith partially secured claims ed, fill it out, number the en | that are listed in tries in the boxes on the |
| | List All of Your PRIORITY Un | | | | | | |
| _ ` | creditors have priority unsecure | u ciaims agains | st you? | | | | |
| | Go to Part 2. | | | | | | |
| ☐ Yes Part 2: | List All of Your NONPRIORIT | V Uncoured | Claima | | | | |
| <u> </u> | | | | | | | |
| _ ` | creditors have nonpriority unsec | _ | • | | | | |
| ⊔ No. | You have nothing to report in this p | art. Submit this f | orm to the court with | your other sche | edules. | | |
| Yes | | | | | | | |
| unsecu | of your nonpriority unsecured cl red claim, list the creditor separately e creditor holds a particular claim, li | y for each claim. | For each claim listed | l, identify what t | ype of claim it is | . Do not list claims already inc | luded in Part 1. If more |
| r uit 2. | | | | | | | Total claim |
| Aı | merican Education | | | | | | |
| 4.1 S € | ervices/PHEAA | | Last 4 digits of acc | ount number | 1sss | | \$1,553.00 |
| | onpriority Creditor's Name O. Box 2461 | | When was the debt | incurred? | 2017 | | |
| Nu | arrisburg, PA 17105 umber Street City State Zlp Code no incurred the debt? Check one. | | As of the date you t | file, the claim i | is: Check all that | apply | |
| _ | Debtor 1 only | | ☐ Contingent | | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | At least one of the debtors and and | othor | Type of NONPRIOR | RITY unsecured | d claim: | | |
| | Check if this claim is for a comi | | Student loans | | | | |
| de | | numly | _ | | ration agreemer | nt or divorce that you did not | |
| _ | No | | Debts to pension | | g plans, and oth | er similar debts | |
| | Yes | | Other. Specify | 1 | J,, 341 | | |
| ٥ | 100 | | | Student loa | ın. | | - |
| | | | , | | | | |

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| Debtor Debtor | David Eric Glaser Lynn Elizabeth Glaser | | Case number (if know) | | |
|------------------|--|---|--|------------|--|
| 4.2 | American Education Services/PHEAA | Last 4 digits of account number | xxxx | \$1,864.00 | |
| | Nonpriority Creditor's Name P.O. Box 2461 | When was the debt incurred? | 2/2017 | | |
| | Harrisburg, PA 17105 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent ☐ Unliquidated | | | |
| | □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify | | | |
| | | Student loa | un. | | |
| | | | All | | |
| 4.3 | Barbara L. Baldo PC Nonpriority Creditor's Name | Last 4 digits of account number | Accounts | \$250.00 | |
| | 4620 Kathi Dr. Bethlehem, PA 18017 | When was the debt incurred? | 2016 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Attorney | | | |
| 4.4 | Berks Credit & Collections Nonpriority Creditor's Name | Last 4 digits of account number | 3824 | \$29.00 | |
| | PO Box 329 Temple, PA 19560 | When was the debt incurred? | 9/2016 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecure | | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | |
| | No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | | |
| | | · · | • | | |
| | Yes | Other. Specify Medical bill | l <u>•</u> | | |

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| Debtor Debtor | David Eric Glaser Lynn Elizabeth Glaser | | Case number (if know) | |
|------------------|---|---|---|----------|
| 4.5 | Blue Ridge Communications | Last 4 digits of account number | AII Accounts | \$800.00 |
| | Nonpriority Creditor's Name 241 Lehigh Gap St. | When was the debt incurred? | 2016 | |
| | Walnutport, PA 18088 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Utility | aration agreement or divorce that you did not | |
| 4.6 | Capital One | Last 4 digits of account number | All Accounts | \$322.00 |
| | Nonpriority Creditor's Name P.O. Box 71083 | When was the debt incurred? | Pre 2017 | |
| | Charlotte, NC 28272 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.7 | Cetronia Ambulance | Last 4 digits of account number | All Accounts | \$676.41 |
| | Nonpriority Creditor's Name 4300 Broadway Allentown, PA 18104 | When was the debt incurred? | 2016-2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | o plans, and other similar debts | |
| | ■ No □ Yes | · | | |
| | □ res | Other. Specify Medical Bil | <u> </u> | |

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| Debtor Debtor | 1 David Eric Glaser 2 Lynn Elizabeth Glaser | | Case number (if know) | |
|------------------|--|--|---|------------|
| 4.8 | Credit One Bank | Last 4 digits of account number | 1232 | \$1,332.77 |
| | Nonpriority Creditor's Name PO Box 60500 City of Industry, CA 91716 | When was the debt incurred? | Pre 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Credit Card | <u> </u> | |
| 10 | Health Network Laboratories | | All | \$597.62 |
| 4.9 | Nonpriority Creditor's Name | Last 4 digits of account number | Accounts | \$597.62 |
| | PO Box 8500 Lockbox 9581 | When was the debt incurred? | 2017 | |
| | Philadelphia, PA 19178 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |
| 4.1 0 | HSN | Last 4 digits of account number | 7250 | \$255.00 |
| | Nonpriority Creditor's Name PO Box 659707 San Antonio, TX 78265 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | ■ Other Specify Credit Card | | |
| | 55 | - Other. Specify | - | |

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| Debtor Debtor | David Eric Glaser Lynn Elizabeth Glaser | | Case number (if know) | |
|------------------|--|--|---|------------|
| 4.1 | Lehigh Carbon Community College | Last 4 digits of account number | AII Accounts | \$1,030.00 |
| | Nonpriority Creditor's Name C/O Eastern Revenue Inc. PO Box 185 | When was the debt incurred? | 2013 | |
| | Southeastern, PA 19399 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Education | | |
| 4.1 | Lehigh County Authority | Last 4 digits of account number | 2286 | \$1,883.08 |
| | Nonpriority Creditor's Name PO Box 3210 Allentown, PA 18106 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Utility | | |
| 4.1 | Lehigh Valley Center for Sight | Last 4 digits of account number | 4776 | \$40.90 |
| | Nonpriority Creditor's Name 1739 W. Fairmont St. Allentown, PA 18104 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Medical Bil | 1 | |

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| | or 2 Lynn Elizabeth Glaser | | Case number (if know) | |
|----------|--|--|--|----------|
| 4.1 4 | Mohammad K. Khan | Last 4 digits of account number | All Accounts | Unknown |
| | Nonpriority Creditor's Name 4949 Liberty Lane, Ste 321 | When was the debt incurred? | 2014-2017 | |
| | Allentown, PA 18106 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Medical Bil | <u> </u> | |
| 4.1 5 | National General Insurance | Last 4 digits of account number | All Accounts | \$200.00 |
| | Nonpriority Creditor's Name Po Box 3199 | When was the debt incurred? | 2015-2016 | |
| | Winston Salem, NC 27102 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Insurance | | |
| 4.1 6 | Northern Valley Emergency Medical Svcs | Last 4 digits of account number | 2712 | \$93.09 |
| | Nonpriority Creditor's Name PO Box 90 Danville, PA 17821 | When was the debt incurred? | Pre 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |

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| nt number | All Accounts | \$111.45 |
|----------------|--|-----------------------|
| curred? | 2016-2017 | |
| cuireu: | 2010-2017 | |
| , the claim is | s: Check all that apply | |
| | | |
| | | |
| | | |
| V | Alaim | |
| r unsecured | ciaim: | |
| 6 | and the second s | |
| out of a sepai | ration agreement or divorce that you did not | |
| profit-sharing | g plans, and other similar debts | |
| olls | | |
| | All | |
| nt number | Accounts | \$450.00 |
| curred? | 2016-2017 | |
| , the claim is | s: Check all that apply | |
| • | , | |
| | | |
| | | |
| | | |
| Y unsecured | claim: | |
| | | |
| | ration agreement or divorce that you did not | |
| | walana and other similar debte | |
| | g plans, and other similar debts | |
| DIIS | | |
| | All | #00.0 |
| nt number | Accounts | \$90.00 |
| curred? | Pre 2017 | |
| , the claim is | s: Check all that apply | |
| | | |
| | | |
| | | |
| | | |
| Y unsecured | claim: | |
| | | |
| out of a sepai | ration agreement or divorce that you did not | |
| | | |
| profit-sharing | g plans, and other similar debts | |
| Y O Y | curred? If unsecured to the claim is the cl | the number Accounts |

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| Lynn Elizabeth Glaser | | | |
|---|--|---|---------|
| PPL Utilities | Last 4 digits of account number | 0154 | \$714.0 |
| Nonpriority Creditor's Name 2 North 9th Street | When was the debt incurred? | 2016 | |
| Allentown, PA 18101-1175 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | | | |
| | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | ☐ Student loans | u ciaiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ⊒ Yes | Other. Specify Utilities | | |
| Dragrandina Advanced Incurence | | 5825 | ¢76.0 |
| Progressive Advanced Insurance Nonpriority Creditor's Name | Last 4 digits of account number | | \$76.9 |
| PO Box 31260 Tampa, FL 33631 | When was the debt incurred? | 2016-2017 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d alaim. | |
| ☐ At least one of the debtors and another | Student loans | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | diation agreement of divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify Car Insurar | nce | |
| | | All | |
| Progressive Physician Associates | Last 4 digits of account number | Accounts | \$92.1 |
| Nonpriority Creditor's Name 1736 Hamilton St. Allentown, PA 18104 | When was the debt incurred? | 2016-2017 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | Student loans | | |
| uent Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical Bil | II. | |

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| | David Eric Glaser Lynn Elizabeth Glaser | | Case number (if know) | |
|-----|--|---|--|----------|
| 4.2 | RCN | Last 4 digits of account number | 7401 | \$534.18 |
| | Nonpriority Creditor's Name 100 Baltimore Drive Wilkes Barre, PA 18702 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Utility | | |
| 4.2 | | | All | |
| 4 | Reuben Bachman Fuel Oil Nonpriority Creditor's Name | Last 4 digits of account number | accounts | \$200.61 |
| | 5823 Bachman Rd. Germansville, PA 18053 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Utility | | |
| 4.2 | | | All | |
| 5 | Ruth Miller Notary Public | Last 4 digits of account number | Accounts | \$199.00 |
| | Nonpriority Creditor's Name 6158 Rte 309 Germansville, PA 18053 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other, Specify Notary | | |

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| Debtor Debtor | 1 David Eric Glaser 2 Lynn Elizabeth Glaser | | Case number (if know) | |
|------------------|---|--|---|-----------------|
| 4.2 | Sears | Last 4 digits of account number | 4104 | \$120.00 |
| | Nonpriority Creditor's Name P.O. Box 6282 | When was the debt incurred? | Pre 2017 | |
| | Sioux Falls, SD 57115 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | St. Luke's Emergency Physician Specialis | Last 4 digits of account number | 2419 | \$34.84 |
| | Nonpriority Creditor's Name P.O. Box 5386 Bethlehem, PA 18015 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Bil | <u> </u> | |
| 4.2 | Ot Ludes | | All | \$400.00 |
| 8 | St. Lukes Nonpriority Creditor's Name | Last 4 digits of account number | Accounts | \$400.00 |
| | 800 Ostrum St. Allentown, PA 18105 | When was the debt incurred? | 2015-2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other, Specify Medical | | |

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| Debt | tor 2 Lynn Elizabeth Glaser | Case number (if know) | | | | |
|----------|---|--|----------|--|--|--|
| 4.2 | Verizon | Last 4 digits of account number | \$317.00 | | | |
| 9 | Nonpriority Creditor's Name c/o Trident Asset Management 53 Perimeter Ctr E 440 | Last 4 digits of account number When was the debt incurred? 2015 | ψοττ.σο | | | |
| | Atlanta, GA 30346 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans | | | | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Incurred for phone service. | | | | |
| 4.3 0 | Verizon Wireless | Last 4 digits of account number | \$724.00 | | | |
| | Nonpriority Creditor's Name 140 W St. New York, NY 10007 | When was the debt incurred? 2/2017 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Incurred for cell phone service. | | | | |
| 4.3 1 | Wells Fargo Nonpriority Creditor's Name | Last 4 digits of account number 3056 | \$276.61 | | | |
| | PO Box 5058 Portland, OR 97208 | When was the debt incurred? 2017 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | □ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No | | | | | |
| | ☐ Yes | ■ Other. Specify Bank Fees | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 David Eric Glaser Lynn Elizabeth Glaser | Case | e number (if know) |
|---|---|---|
| Name and Address Advanced Recovery Systems PO Box 80766 Valley Forge, PA 19484 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Americollect PO Box 1690 Manitowoc, WI 54221 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Berks Credit Collections PO Box 329 Temple, PA 19560 | ■ Part | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Berks Credit Collections PO Box 329 Temple, PA 19560 | ■ Part | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address CCI 501 Green St. STE 302 Augusta, GA 30901 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Credit Collection Services P.O. Box 607 Norwood, MA 02062 | ■ Part | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Credit Collection Services | On which entry in Part 1 or Part 2 did you list the Line 4.31 of (Check one): | e original creditor? 1: Creditors with Priority Unsecured Claims |
| 725 Canton street Norwood, MA 02062 | ■ Part Last 4 digits of account number | 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address EOS CCA P.O. Box 981008 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| Boston, MA 02298 | Last 4 digits of account number | 2. Creditors with Nonphority Onsecured Claims |
| Name and Address IC Systems PO Box 64437 Saint Paul, MN 55164 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| Name and Address Professional Account Management PO Box 430 Milwaukee, WI 53201 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| Name and Address Resurgent Capital Services PO Box 510090 Livonia, MI 48151 | | e original creditor? 1: Creditors with Priority Unsecured Claims 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Don't de Add the America for Fook Time of | Harasanad Olaina | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 David Eric Glaser

Debtor 2 Lynn Elizabeth Glaser Case number (if know)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 3,417.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 11,850.65 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 15,267.65 |

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|----------------|------------------------------|
| Debtor 1 | David Eric Glase | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Lynn Elizabeth G | laser | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA | |
| Case number (if known) | | | | ☐ Check if this amended fili |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Oity | | State | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | nt Page 35 c | of 58 | |
|---|--|---|--|---|--|
| Fill in this | information to identify you | r case: | | | |
| | | | | | |
| Debtor 1 | David Eric Glase | Middle Name | Last Name | | |
| Debtor 2 | Lynn Elizabeth (| | | | |
| (Spouse if, filir | | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | | |
| | | | | | |
| Case numl (if known) | ber | | | | ☐ Check if this is an |
| () | | | | | Check if this is an amended filing |
| | | | | | ŭ |
| Officia | I Form 106H | | | | |
| | | Jaktono | | | |
| <u>Scnea</u> | lule H: Your Cod | reptors | | | 12/15 |
| No Yes 2. With Arizon No. Yes 3. In Colin line | hin the last 8 years, have yo ha, California, Idaho, Louisiana Go to line 3. S. Did your spouse, former spour spouse, former spour 2 again as a codebtor only | ou lived in a community pr a, Nevada, New Mexico, Pu ouse, or legal equivalent live otors. Do not include your if that person is a guaran | operty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | ry? (Community propert iington, and Wisconsin.) r if your spouse is filing sure you have listed th | g with you. List the person shown he creditor on Schedule D (Official |
| | olumn 2. | al Form 106E/F), or Sched | ule G (Oπicial Form 10 | J6G). Use Schedule D, | Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | 7ID Code | | | editor to whom you owe the debt |
| | Name, Number, Street, Oity, State and I | ZIF Code | | Check all schedule | es that apply: |
| 3.1 | | | | ☐ Schedule D, line | e |
| | Name | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| = | | | | _ | |
| | Number Street City | State | ZIP Code | | |
| | City | State | ZIF Code | | |
| 3.2 | | | | ☐ Schedule D, line | e |
| | Name | | | □ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| _ | | | | | · · |
| | Number Street City | State | ZIP Code | | |
| | Only | Jidio | Zii Coue | | |

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| Fill | in this information to identify your o | case: | | | | | | | | |
|------|---|---|-----------------------|------------|------|---------------------------|-------------------------------|-------------|---------------------------------|----------|
| Deb | otor 1 David Eric (| Pavid Eric Glaser | | | | | | | | |
| | otor 2 Lynn Elizab | abeth Glaser | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: EASTERN DISTRICT | OF PENNSYLVANIA | A | | | | | | |
| | se number nown) | - | | | □ Ai | k if this is: n amende | ed filing | | | |
| | | | | | | | | | ng postpetition following date: | |
| 0 | fficial Form 106l | | | | | M | M / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ur spouse is not filing w On the top of any additi | ith you, do not inclu | ıde infor | mati | on about | your spo | ouse. If m | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, | Employment status | ☐ Employed | | | ☐ Employed | | | | |
| | attach a separate page with information about additional employers. | Linployment status | ■ Not employed | | | | ■ Not employed | | | |
| | | Occupation | Disabled | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | late you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. In | clude your noi | n-filing |
| | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the informatio | on for all | empl | oyers for | that perso | on on the I | ines below. If | you need |
| | | | | | | For Deb | otor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | 0.00 | |

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| Deb Deb | tor 1 tor 2 | David Eric Glaser Lynn Elizabeth Glaser | _ | Ca | se number (if known) | | | | |
|------------|----------------|---|------------|----------|----------------------|----------|-----------|----------------|------------------|
| | | | | F | or Debtor 1 | | or Debtor | | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | \$ \$ | 0.00 | \$ \$ | | 0.00 | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h. | Ψ. | 0.00 | + \$ | | 0.00 | _ |
| 6 | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ | ' \$ | | · \$ | | | _ |
| 6. | | . , | 6. | , | 0.00 | • | - | 0.00 | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | | 100.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | | \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d. | \$ \$ | | \$ \$ | | 0.00 | _ |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive | 8e. | Ф | 1,607.00 | Ф | | 0.00 | - |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | | \$ | | 0.00 | _ |
| | | Pro-rated estimated federal tax | | | | | | | _ |
| | 8h. | Other monthly income. Specify: refund | 8h | + \$ | 0.00 | + \$ | | 252.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,607.00 | \$ | | 352.0 | 0 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | <u> </u> | 1,607.00 + \$ | | 352.00 | = \$ | 1,959.00 |
| | | | . ∟ | | | | | | |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | deper | | ., | , | | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | \$ | 1,959.00 |
| 13. | Doy | you expect an increase or decrease within the year after you file this form | ? | | | | ' | Combi month | ned ly income |
| | | No. | | | | | | | |
| | | Yes. Explain: Wife is presently seeking full-time employment. | | | | | | | |

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| E:III | in this informs | ation to identify w | 211, 22221 | | | 1 | | |
|------------|-------------------------------|--|----------------|---|--|--------------|---|---|
| FIII | in uns informa | ation to identify yo | our case. | | | | | |
| Deb | tor 1 | David Eric G | ilaser | | | | ck if this is: | |
| | otor 2 ouse, if filing) | Lynn Elizabe | eth Glase | r | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/1 |
| Be info | as complete ormation. If m | and accurate as | possible. | . If two married people ar | | | | |
| Par | | ribe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | |
| | ■ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do vou hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | • | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your exp | penses include | | No | | | | □ 163 |
| | | f people other t d your depende | han 👝 | Yes | | | | |
| - | | | | | | | | |
| Est exp | imate your ex | a date after the | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance in Cluded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| | | | h! | | andrada Cart | | | |
| 4. | | or nome owners nd any rent for th | | ses for your residence. In or lot. | nclude first mortgage | e 4. | \$ | 916.26 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | · | 0.00 |
| | | erty, homeowner's | | | | 4b. | | 0.00 |
| | | e maintenance, re eowner's associat | • | upkeep expenses dominium dues | | 4c. 4d. | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. | · | 0.00 |

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| ebtor 1 | David Eric Glaser | _ | | |
|-----------------|---|--------------|----------------|--------------------------|
| ebtor 2 | Lynn Elizabeth Glaser | Case num | ber (if known) | |
| . Utili | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 30.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 40.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Foo | d and housekeeping supplies | | \$ | 190.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| . Clot | hing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | conal care products and services | 10. | \$ | 0.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | ` | |
| | ot include car payments. | 12. | \$ | 100.00 |
| 3. Ent e | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| I. Cha | ritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Ins เ | rance. | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | · - | 0.00 |
| 15b | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 134.61 |
| 15d | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spe | · | 16. | \$ | 0.00 |
| | allment or lease payments: | | _ | |
| | Car payments for Vehicle 1 | 17a. | • | 0.00 |
| | Car payments for Vehicle 2 | 17b. | | 0.00 |
| | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | 10 | ¢. | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| | er payments you make to support others who do not live with you. | 40 | \$ | 0.00 |
| Spe | · | 19. | Incomo | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20a. 20b. | · | 0.00 |
| | Property, homeowner's, or renter's insurance | 20b. 20c. | · | |
| | | | · | 0.00 |
| | Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | 20d. | · · | 0.00 |
| | | 20e. | · | 0.00 |
| i. Oth | Pr: Specify: | 21. | +\$ | 0.00 |
| 2. Calo | ulate your monthly expenses | | | |
| 22a | Add lines 4 through 21. | | \$ | 1,560.87 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,560.87 |
| 220. | Add line 22a and 22b. The result is your monthly expenses. | | Ψ | 1,300.07 |
| | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,959.00 |
| 23b | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,560.87 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 00* | · · | 398.13 |
| | The result is your monthly net income. | 23c. | \$ | 390.13 |
| 4. Do v | ou expect an increase or decrease in your expenses within the year after yo | ou file this | form? | |
| For e | xample, do you expect to finish paying for your car loan within the year or do you expect your | | | or decrease because of a |
| | fication to the terms of your mortgage? | | | |
| | 0. | | | |
| | es. Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | |
|---|--|--------------------------------|-------------------------------|--|
| Debtor 1 | David Eric Glase | r | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Lynn Elizabeth G | Blaser | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF PEN | INSYLVANIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| two married per ou must file thing the base of the bas | eople are filing togethers | in connection with a bankruptc | for supplying correct inform | |
| Sign | n Below | | | |
| Did you pa | y or agree to pay som | eone who is NOT an attorney to | help you fill out bankruptcy | forms? |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | | ttach Bankruptcy Petition Preparer's Notice, peclaration, and Signature (Official Form 119) |
| • | lty of perjury, I declare e true and correct. | that I have read the summary a | and schedules filed with this | declaration and |
| X /s/ Day | vid Eric Glaser | | X /s/ Lynn Elizabeth G | laser |
| | Eric Glaser | | Lynn Elizabeth Glas | |
| Signatu | re of Debtor 1 | | Signature of Debtor 2 | |
| Date \$ | September 12, 2017 | | Date September 12 | , 2017 |

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| HII | in this infor | mation to identify your | c250; | | | |
|--------|------------------|---|-----------------------------------|--|-------------------------------|---|
| | | | | | | |
| Deb | otor 1 | David Eric Glase | Middle Name | Last Name | | |
| Deb | otor 2 | Lynn Elizabeth G | | <u> Laot Hamo</u> | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA | | |
| Cas | e number | | | | | |
| (if kn | _ | | | | - | Check if this is an amended filing |
| | | | | | | |
| | | orm 107 | | duals Filips for D | | |
| Sta | atemen | t of Financial A | Affairs for Indivi | duals Filing for B | ankruptcy | 4/10 |
| | | n). Answer every ques Details About Your Mar | tion. ital Status and Where Yo | u Lived Before | | |
| 1. | What is you | ır current marital status | 5? | | | |
| | ■ Married Not ma | - | | | | |
| 2. | During the | last 3 years, have you l | ived anywhere other than | where you live now? | | |
| | - | | • | • | | |
| | □ No | | | | | |
| | ■ Yes. Li | st all of the places you liv | red in the last 3 years. Do r | not include where you live now | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | From-To: | ☐ Same as Debtor 1 6078 B Rte 309 Germansville, F | | ☐ Same as Debtor 1 From-To: 3/2012- 12/2016 |
| | | | | egal equivalent in a commun evada, New Mexico, Puerto Ri | ity property state or territo | |
| | ■ No □ Yes. M | ake sure you fill out <i>Sch</i> e | edule H: Your Codebtors (C | Official Form 106H). | | |
| Par | t 2 Expla | in the Sources of Your | Income | | | |
| 4. | Fill in the tot | al amount of income you | received from all jobs and | ng a business during this ye all businesses, including part- ve together, list it only once un | time activities. | endar years? |
| | □ No | | | | | |
| | _ | Il in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |

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| Debtor 2 Lynn Elizaber | th Glaser | | Case | e number (if known) | |
|---|--|---|--|---|---|
| | | D.1. | | D.L. | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of curren the date you filed for bank | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$800.00 |
| | | ☐ Operating a business | | Operating a business | |
| For last calendar year: (January 1 to December 3 | 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$19,040.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$916.00 |
| | | ☐ Operating a business | | Operating a business | |
| For the calendar year before (January 1 to December 3 | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$20,000.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| ■ Yes. Fill in the det | ails. | Debtor 1 Sources of income Describe below. | Gross income from each source | Debtor 2 Sources of income Describe below. | Gross income (before deductions |
| | | | (before deductions and exclusions) | | and exclusions) |
| From January 1 of curren the date you filed for bank | | Social Security Benefits | \$14,463.00 | | |
| For last calendar year: (January 1 to December 3 | 31, 2016) | Social Security Benefits | \$20,542.80 | | |
| For the calendar year before (January 1 to December 3 | | Social Security Benefits | \$20,400.00 | | |
| Part 3: List Certain Pay | ments You | Made Before You Filed for | Bankruptcy | | |
| 6. Are either Debtor 1's | or Debtor 2' btor 1 nor D | s debts primarily consume | r debts? umer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| During the 9 | 90 days befo Go to line 7 | | id you pay any creditor a tota | of \$6,425* or more? | |
| ☐ Yes | List below e paid that cre not include | ach creditor to whom you pa editor. Do not include paymer payments to an attorney for t | nts for domestic support oblig his bankruptcy case. | n one or more payments and ations, such as child support or after the date of adjustmen | and alimony. Also, do |

David Eric Glaser

Debtor 1 Debtor 2

Case 17-16213-jkf Doc 1 Filed 09/12/17 Entered 09/12/17 13:56:46 Desc Main Page 43 of 58 Document **David Eric Glaser** Debtor 1 Debtor 2 Lynn Elizabeth Glaser Case number (if known) Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Amount you Dates of payment **Total amount** Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Nature of the case Status of the case Case title Court or agency Case number CIT Bank N.A. **Foreclosure Lehigh County Courthouse** Pending vs 455 W. Hamilton Street □ On appeal David E. Galser Allentown, PA 18101 □ Concluded 2017-C-2508 Stayed by Bankruptcy Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address Describe the Property Date Value of the property **Explain what happened**

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Allentown, PA 18103 tlightner@lightnerlaw.com

Louis Glaser

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| | otor 2 | | Case | number (if known) | |
|-----|--|--|---|---|---|
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | transferred | value of any property | Date payment or transfer was made | Amount of payment |
| | Lightner Law Offices, PC 4652 Hamilton Boulevard Allentown, PA 18103 tlightner@lightnerlaw.com | Attorney Fees | | 8/3/2017 | \$1,400.00 |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credite Do not include any payment or transfer that yo | ors or to make payment | | alf pay or transfer any prop | erty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | Description and transferred | value of any property | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your build like the properties of your build like the properties of your building the properties of your building that you have alread the properties of your building that you have alread to you ha | business or financial aff nade as security (such as | airs? the granting of a securi | | |
| | Yes. Fill in the details. | 5 | | | |
| | Person Who Received Transfer Address | Description and property transfer | rred p | escribe any property or ayments received or debts aid in exchange | Date transfer was made |
| 19. | Person's relationship to you Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details. | | ny property to a self-s | ettled trust or similar device | of which you are a |
| | Name of trust | Description and | value of the property | transferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, In | nstruments, Safe Depos | it Boxes, and Storage | Units | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial accou | ınts; certificates of de | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Wells Fargo PO Box 6995 Portland, OR 97228-6995 | XXXX-3056 | ■ Checking □ Savings □ Money Market □ Brokerage □ Other | Closed 4/2017 with a negative balance | \$0.00 |

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| | otor 1 David Eric Gla otor 2 Lynn Elizabet | | Ü | Case number (if known) | | | | | | |
|-----|--|--------------------------------|---|--|-----------------------|--|--|--|--|--|
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | ■ No □ Yes. Fill in the de | tails. | | | | | | | | |
| | Name of Financial Ins Address (Number, Street | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | |
| 22. | Have you stored prop | erty in a storage unit or pla | ce other than your home within 1 | year before you filed for bankruptcy | ? | | | | | |
| | ■ No □ Yes. Fill in the de | tails. | | | | | | | | |
| | Name of Storage Fac Address (Number, Street, | • | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | |
| Par | t 9: Identify Property | y You Hold or Control for S | omeone Else | | | | | | | |
| 23. | Do you hold or contro for someone. | I any property that someon | e else owns? Include any propert | ty you borrowed from, are storing for | , or hold in trust | | | | | |
| | ■ No □ Yes. Fill in the de | etails. | | | | | | | | |
| | Owner's Name Address (Number, Street | , City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | |
| Par | t 10: Give Details Abo | out Environmental Informat | ion | | | | | | | |
| For | the purpose of Part 10, | the following definitions a | pply: | | | | | | | |
| | toxic substances, was | stes, or material into the air | | ing pollution, contamination, release Iwater, or other medium, including st | | | | | | |
| | Site means any location | • | lefined under any environmental l | aw, whether you now own, operate, o | or utilize it or used | | | | | |
| | Hazardous material m | | nental law defines as a hazardous | waste, hazardous substance, toxic s | substance, | | | | | |
| Rep | ort all notices, releases | s, and proceedings that you | u know about, regardless of when | they occurred. | | | | | | |
| 24. | Has any governmenta | I unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | | | | |
| | ■ No □ Yes. Fill in the de | tails. | | | | | | | | |
| | Name of site Address (Number, Street | , City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any | governmental unit of any r | elease of hazardous material? | | | | | | | |

No

Name of site

☐ Yes. Fill in the details.

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Entered 09/12/17 13:56:46 Desc Main Case 17-16213-jkf Doc 1 Filed 09/12/17 Page 47 of 58 Document **David Eric Glaser** Debtor 1 Debtor 2 Lynn Elizabeth Glaser Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David Eric Glaser /s/ Lynn Elizabeth Glaser **David Eric Glaser** Lynn Elizabeth Glaser Signature of Debtor 1 Signature of Debtor 2 Date September 12, 2017 Date **September 12, 2017** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-16213-jkf Doc 1 Filed 09/12/17 Entered 09/12/17 13:56:46 Desc Main Document Page 52 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

| In | re | David Eric GI Lynn Elizabet | | | | Case No |). | | |
|-----|----------|--|---|----------------------------------|------------------------------------|------------------------------------|--------|--|-------|
| | | | | | Debtor(s) | Chapter | - | 13 | |
| | | DIS | SCLOSURE OF CO | OMPENSATI | ON OF ATT | ORNEY FOR I | EB | STOR(S) | |
| 1. | coı | mpensation paid t | C. § 329(a) and Fed. Banki o me within one year befor lf of the debtor(s) in conter | e the filing of the p | etition in bankrupt | cy, or agreed to be pa | id to | me, for services rendered or | r to |
| | | For legal service | ces, I have agreed to accept | | | \$ | | 4,000.00 | |
| | | Prior to the fili | ng of this statement I have | received | | \$ | | 1,500.00 | |
| | | Balance Due | | | | \$ | | 2,500.00 | |
| 2. | \$_ | 310.00 of the | e filing fee has been paid. | | | | | | |
| 3. | Th | e source of the co | ompensation paid to me was | s: | | | | | |
| | | ☐ Debtor | Other (specify): | Debtor Paid 1, Debtor's Fathe | | | | | |
| 4. | Th | e source of comp | ensation to be paid to me is | S: | | | | | |
| | | Debtor | ☐ Other (specify): | | | | | | |
| 5. | - | I have not agree | d to share the above-disclo | sed compensation v | with any other pers | on unless they are me | mbe | rs and associates of my law | firm. |
| | | | share the above-disclosed bement, together with a list | | | | | associates of my law firm. | A |
| 6. | In | return for the abo | ove-disclosed fee, I have ag | reed to render legal | service for all asp | ects of the bankruptc | y cas | e, including: | |
| | b. c. | Preparation and | lebtor's financial situation, filing of any petition, scheof the debtor at the meeting | dules, statement of a | affairs and plan wh | ich may be required; | | | |
| | u. | THIS FEE | INCLUDES FILING A C | TTLEMENT. TH | E FEE EXCLUDI | ES ANY REPRESE | NTA | HE SECOND MORTGAG TION AT HEARINGS OF D. | |
| 7. | Ву | THIS FEE | the debtor(s), the above-dis AGREEMENT SPECIF MATIONS, ADVERSAR | ICALLY EXCLUD | ES INVOLVEME | ENT AND/OR REPI | | ENTATION REGARDING | Í |
| | | | | CERT | IFICATION | | | | |
| thi | | ertify that the fore kruptcy proceeding | | nent of any agreeme | ent or arrangement | for payment to me fo | r repi | resentation of the debtor(s) i | n |
| | | otember 12, 201 | 17 | | | Lightner, Esquire | | | |
| | Date | e | | | Thomas L. Lig Signature of Atto | htner, Esquire 658 <i>rne</i> v | 41 | | |
| | | | | | Lightner Law (| Offices, PC | | | |
| | | | | | 4652 Hamilton Allentown, PA | | | | |
| | | | | | 610-530-9300 | Fax: 610-530-9310 | 1 | | |
| | | | | | Name of law firm | | | | |
| | | | | | | | | | |

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United States Bankruptcy Court Eastern District of Pennsylvania

| In no | David Eric Glaser | | Cose No | |
|--|---------------------------|---------------------------|------------------|----|
| In re | Lynn Elizabeth Glaser | Debtor(s) | Case No. Chapter | 13 |
| VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | |
| Date: | September 12, 2017 | /s/ David Eric Glaser | | |
| | | David Eric Glaser | | |
| | | Signature of Debtor | | |
| Date: | September 12, 2017 | /s/ Lynn Elizabeth Glaser | | |
| | | Lynn Elizabeth Glaser | | |

Signature of Debtor

Advanced Recovery Systems PO Box 80766 Valley Forge, PA 19484

American Education Services/PHEAA P.O. Box 2461 Harrisburg, PA 17105

Americollect PO Box 1690 Manitowoc, WI 54221

Barbara L. Baldo PC 4620 Kathi Dr. Bethlehem, PA 18017

Berks Credit & Collections PO Box 329 Temple, PA 19560

Berks Credit Collections PO Box 329 Temple, PA 19560

Blue Ridge Communications 241 Lehigh Gap St. Walnutport, PA 18088

Capital One P.O. Box 71083 Charlotte, NC 28272

CCI 501 Green St. STE 302 Augusta, GA 30901 Cetronia Ambulance 4300 Broadway Allentown, PA 18104

CIT Bank PO Box 4045 Kalamazoo, MI 49003

Commonwealth of Pennsylvania County of Lehigh/Criminal Division Lehigh County Courthouse 455 Hamilton St. Allentown, PA 18101

Credit Collection Services P.O. Box 607 Norwood, MA 02062

Credit Collection Services 725 Canton street Norwood, MA 02062

Credit One Bank PO Box 60500 City of Industry, CA 91716

EOS CCA P.O. Box 981008 Boston, MA 02298

Health Network Laboratories PO Box 8500 Lockbox 9581 Philadelphia, PA 19178

HSN PO Box 659707 San Antonio, TX 78265 IC Systems PO Box 64437 Saint Paul, MN 55164

Lehigh Carbon Community College C/O Eastern Revenue Inc. PO Box 185 Southeastern, PA 19399

Lehigh County Authority PO Box 3210 Allentown, PA 18106

Lehigh County Authority P.O.Box 3348 Allentown, PA 18106-0348

Lehigh Valley Center for Sight 1739 W. Fairmont St. Allentown, PA 18104

Mohammad K. Khan 4949 LIberty Lane, Ste 321 Allentown, PA 18106

National General Insurance Po Box 3199 Winston Salem, NC 27102

Northern Valley Emergency Medical Svcs PO Box 90 Danville, PA 17821

PA Turnpike PO Box 67676 Harrisburg, PA 17106 Parkland Community Library 4422 Walbert Avenue Allentown, PA 18104

PPL Utilities 2 North 9th Street Allentown, PA 18101-1175

Professional Account Management PO Box 430 Milwaukee, WI 53201

Progressive Advanced Insurance PO Box 31260 Tampa, FL 33631

Progressive Physician Associates 1736 Hamilton St. Allentown, PA 18104

RCN 100 Baltimore Drive Wilkes Barre, PA 18702

Resurgent Capital Services PO Box 510090 Livonia, MI 48151

Reuben Bachman Fuel Oil 5823 Bachman Rd. Germansville, PA 18053

Ruth Miller Notary Public 6158 Rte 309 Germansville, PA 18053 Sears P.O. Box 6282 Sioux Falls, SD 57115

SPS PO Box 742536 Cincinnati, OH 45274

St. Luke's Emergency Physician Specialis P.O. Box 5386 Bethlehem, PA 18015

St. Lukes 800 Ostrum St. Allentown, PA 18105

Udren Law Offices P.C. Woodcrest Corporate Center 111 Woodcrest Road, Sutie 200 Cherry Hill, NJ 08003

Verizon c/o Trident Asset Management 53 Perimeter Ctr E 440 Atlanta, GA 30346

Verizon Wireless 140 W St. New York, NY 10007

Wells Fargo PO Box 5058 Portland, OR 97208